



WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.311 Responsible Health Authority

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Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4380; 4-4381; 4-4382; 1-ABC-4E-09; 1-ABC-4E-10 NCCHC Standard(s): P-A-02; P-A-03; P-C-01; P-C-03; P-E-11		Effective Date: August 1, 2010 Revision/Review History: Summary of Revision/Review: Creates a new uniform policy and procedure regarding a responsible health authority, provision of treatment and health care staff qualifications.
Cross Reference of Policy:		Supersedes Existing Policy :
Approved: R.O. Lampert Robert O. Lampert, Director		
		6-30-10 Date

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. ATTACHMENTS – None Noted
2. OTHER – None Noted



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I. PURPOSE

- A. **Responsible Health Authority.** The purpose of this policy and procedure is to establish uniform guidelines for designating a responsible health authority which provides comprehensive medical, mental health and special services to all inmates in Wyoming Department of Corrections (WDOC) facilities.

II. POLICY

- A. **General Policy.** It is the policy of the WDOC to have a designated health authority that is responsible for ongoing health care services pursuant to a written contract and that the designated health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. (ACA 4-4380; NCCHC P-A-02)

III. DEFINITIONS

- A. **Custody Staff:** (*For this policy only.*) Includes line security staff as well as correctional administration.
- B. **Designated Mental Health Clinician:** Refers to a psychiatrist, psychologist, or psychiatric social worker who is responsible for clinical mental health issues when mental health services at the facility are under a different authority than the medical services.
- C. **Health Care:** (*For this policy only.*) The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, and other ancillary services.
- D. **Health Care Practitioner:** (*For this policy only.*) A practitioner who is authorized to practice independently (*e.g.*, MD, DO, DDS, DPM, Psychiatrist, Psychologist, Optometrist, Podiatrist, Advanced Registered Nurse Practitioner, Physician Assistant).
- E. **Health Services Administrator:** (*For this policy only.*) A person who by virtue of education, experience, or certification (*e.g.*, MSN, MPH, MHA, FACHE, CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates and has been appointed to do so.



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- F. Nursing Assessment Protocols:** Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing interventions. Such protocols may include acceptable first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual with over-the-counter medication or through self-care. They also may address more serious symptoms such as chest pain, shortness of breath, or intoxication. They provide a sequence of steps to be taken to evaluate and stabilize the inmate until a clinician is contacted and orders are received for further care.
- G. Qualified Health Care Professional:** Includes physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professional, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- H. Responsible Health Authority (RHA):** A physician, health administrator, or agency responsible for the facility's health care services, and arrangement of all levels of health care. The RHA assures quality, accessible, and timely health services for inmates.
- I. Responsible Physician:** A designated MD or DO who has the final authority at a given facility regarding clinical issues.
- J. Standing Orders:** (*For this policy only.*) Written orders that specify the same course of treatment for each inmate suspected of having a given condition, and that specify the use and amount of prescription drugs.

IV. PROCEDURE

- A. Health Authority.** The health authority may be a physician, health services administrator or health agency and shall be certified under National Commission on Correctional Health Care (NCCHC). When the health authority is other than a physician, final clinical judgments rest with a single, designated, licensed, credentialed, responsible physician. (ACA 4-4380)
- 1.** The health authority shall be responsible for ongoing health care services. Such responsibilities include (ACA 4-4380):
 - i.** Establishment of a mission statement, which defines the scope of health care services;



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- ii. Development of mechanisms, including written agreements, when necessary, to assure that the scope of services are provided and properly monitored;
 - iii. Development of operational health policies and procedures for WDOC correctional facilities;
 - iv. Identification of the type of health care staff needed to provide the determined scope of services;
 - v. Establishment of systems for the coordination of care among multidisciplinary health care providers; and
 - vi. Development of a quality management program.
 2. There may be a designated mental health clinician responsible for mental health issues.
- B. **Provision of Treatment.** The delivery of health care in a WDOC correctional facility shall be a joint effort of custody and health care staffs.
 1. Clinical decisions pertaining to the direct health care of inmates shall be the sole province of the responsible health care practitioner and shall not be countermanded by non-clinicians. (ACA 4-4381; NCCHC P-A-03)
 2. Clinical decisions and their implementation shall be completed in a safe, effective, ethical, patient-centered, equitable and coordinated manner.
 3. Custody staff shall support the implementation of clinical decisions unless there is a compelling penological reason to act otherwise. Any disagreement between a warden and clinical staff with regard to the implementation of clinical decisions shall be reported to the Prison Division Administrator for resolution.
 4. Health care staff shall be subject to the same security regulations as other WDOC facility employees when engaging in the delivery of health care within a WDOC facility.
 5. Issues that may represent a conflict in medical autonomy shall be directed to the Continuous Quality Improvement (CQI) meeting.
- C. **Health Care Services Staff Qualifications.** Health care services shall be provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts or written agreements



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approved by the health authority. (ACA 4-4382, 1-ABC-4E-09; NCCHC P-C-03)

1. Licensed health care staff that provide services to inmates shall be appropriately credentialed according to the licensure, certification, and registration requirements for the state of Wyoming.
 - i. The responsible health authority shall assure that candidates undergo a credentialing verification process that confirms current licensure, certification, or registration.
 - ii. Health care practitioners (*i.e.*, MDs, DOs, DDSs, DPMs, Psychiatrists, Psychologists, Advanced Registered Nurse Practitioners, Physician Assistants and other independent practitioners who are authorized to practice independently) must be credentialed prior to providing on-site services.
 - iii. The responsible health authority shall maintain verification of current credentials for all qualified health care professionals. These shall be verified at least annually.
 - iv. The verification of current credentials and job descriptions of health care staff shall be filed on-site within the medical department. (ACA 4-4382, 1-ABC-4E-09; NCCHC P-C-01)
 - v. Health care providers shall not perform tasks beyond those permitted by their privileges, licensure, and/or scope of practice regulations.
 - vi. Active prescribers of controlled substances shall have current individual Drug Enforcement Agency (DEA) registration numbers.
 - vii. A license specifically restricting practice to correctional institutions shall not be considered to be in compliance with this policy.
 2. Qualified health care professionals who have patient contact shall maintain current cardiopulmonary resuscitation (CPR) certification.
 3. Qualified health care professionals shall participate in an initial orientation program and continuing education appropriate for their positions.
- D. Nursing Assessment Protocols.** All treatment by health care staff other than health care practitioners shall be performed pursuant to written protocols,



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standing or direct orders by providers authorized by law to give such orders.
(1-ABC-4E-10)

1. Nursing assessment protocols shall be appropriate to the level of skill and preparation of the nursing personnel who shall carry them out and comply with the relevant state practice acts. (NCCHC P-E-11)
2. Nursing assessment protocols shall be developed and reviewed annually by the health authority and shall be approved for use by the responsible on-site physician.
3. Nurses shall be trained on nurse assessment protocol and the training shall be documented. This shall include:
 - i. evidence that all new nursing staff are oriented to the protocol;
 - ii. demonstration of knowledge and skills to the preceptor;
 - iii. evidence of annual review of skills; and
 - iv. evidence of additional training when nursing assessment protocols are introduced or revised.
4. Standing orders shall be used only for preventive medicine practices at WDOC facilities and only within state guidelines.
 - i. Preventative practices shall include an assessment and primary intervention for common minor acute illnesses or injuries (*i.e.*, minor burns, bites/stings, and joint sprains).
5. Nursing assessment protocols shall not include the use of prescription medications except for those covering emergency, life-threatening situations (*e.g.*, nitroglycerin, epinephrine).
 - i. Emergency administration of these medications shall require a subsequent provider's order.
6. Prescription medications must receive telephone or verbal approval and shall be so documented on the Physician Order sheet with a counter-signature within seventy-two (72) hours.
7. The use of approved over-the counter (OTC) medications may be utilized in the nursing assessment protocols. Standing medical orders shall not be utilized.



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- i. Drug allergies must be carefully reviewed, prior to using OTC medicine.
8. Referral to the physician may be immediate referral to the physician, telephone contact with the physician, or scheduling the inmate to see the physician or mid level provider.
9. If an inmate has been seen more than two (2) times with the same complaint and has not seen a physician or mid level provider, he/she shall be scheduled to see the physician.
10. The nursing staff shall be familiar with the approved nursing assessment protocols and shall care for the inmate presenting with the signs and symptoms of specific conditions as listed in the nursing assessment protocols.

V. TRAINING POINTS

- A. What are the responsibilities of the health authority?
- B. TRUE OR FALSE: Clinical decisions pertaining to the direct health care of inmates can be revoked by non-clinicians.
- C. How often are credentials for health care professionals verified?
- D. When is it appropriate to use standing orders?